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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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APR - 7 2008 *aeu*
4-7-2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Antione Leron Willis

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 08CR-23138
(To be supplied by the Clerk of this Court)

STATE OF ILLINOIS
County of Cook

08CV1964
JUDGE NORGLÉ
MAG. JUDGE DENLOW

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

- ☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)
- ☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)
- ☐ OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s): The State of Illinois
the County of Cook.

- A. Name: Antione Leron Willis
- B. List all aliases: Antione L Willis (No Aliases)
- C. Prisoner identification number: B59729
- D. Place of present confinement: COOK County Jail
- E. Address: P.O Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Antione Leron Willis
 Title: Driver
 Place of Employment: Chicago Medicar
- B. Defendant: _____
 Title: _____
 Place of Employment: _____
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES () NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES () NO ()

C. If your answer is **YES**:

1. What steps did you take?

2. What was the result?

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

D. If your answer is **NO**, explain why not:

- E. Is the grievance procedure now completed? YES () NO ()
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES () NO (X)

G. If your answer is YES:

1. What steps did you take?

2. What was the result?

H. If your answer is NO, explain why not:

Because they
wasn't trying to be bothered with
my situation.

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Antione Willis vs The State of Illinois the County of Cook. Case # 06CR-23138
- B. Approximate date of filing lawsuit: 4.2.08
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases:
~~XXXXXXXXXX~~ the State of Illinois,
the County of Cook
- D. List all defendants: Antione Willis
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): COOK County
- F. Name of judge to whom case was assigned: Judge Marcus Salame
- G. Basic claim made: I was shot during arrest by Chicago Police officer
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): THE CASE WAS APPEALED and continued for 4.30.08
- I. Approximate date of disposition: 3.31.08

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

This is the only case that I
ever filed.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want compensated for my lost of apartment,
my car, the medical attention after being
injured during arrest and losing my job.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 2 day of 4, 2008

Antione Leran Willis
(Signature of plaintiff or plaintiffs)

Antione Leran Willis
(Print name)

20060073927
(I.D. Number)

2600 S California

P.O BOX 089002

Chicago IL 60608
(Address)